

# SPECIAL NEEDS SHELTER NEWSLETTER

Florida Department of Health in Hillsborough County



## HELLO HILLSBOROUGH COUNTY

We are thrilled to share our first Special Needs Shelter Newsletter with you.

This is an opportunity for the Department of Health in Hillsborough County to share information and updates with our community partners and our clients.

It covers reminders, updates, and season projections. We will be sending these out periodically.

## MEET OUR TEAM!



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## NEWSLETTER HIGHLIGHTS

What are Special Needs Shelters?

Pre-Season Reminders

Evaluation Forms

Service Animals,  
Emotional Support  
Animals & Pets

Special Needs Shelter  
Updates





## WHAT ARE SPECIAL NEEDS SHELTERS?

A Special Needs Shelter is a hardened structure that provides safe shelter for persons with medical conditions that require assistance that exceed the basic level of care at a general population shelter but does not require the level provided at a skilled medical facility.

Special Needs Shelters are typically located in schools. Similar to general population shelters, they are large, open spaces that can become crowded and loud. We offer assistance to those with medical needs, such as continuous electricity for medical equipment and those who require assistance with activities of daily living. We are not able to provide one-on-one care, and we can not guarantee privacy.

It is highly advised that shelters are used as an option of last resort.

### Eligibility Criteria

- Medically stable, requiring periodic assessment and maintenance
- Periodic wound care assistance, such as dressing changes
- Medication assistance, such as oral, subcutaneous, or intramuscular injectables, or topical medications
- Medical dependence on uninterrupted electricity for therapies including oxygen, nebulizers, and feeding tubes
- Cognitive limitations, such as Alzheimer's and related dementias
- Dialysis

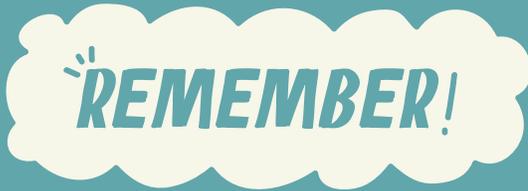
### Ineligibility Criteria

- Medical conditions that exceed our ability to provide care
- Persons with infectious diseases
- Hospice patients
- Assisted Living Facility / Nursing Home patients

## EASY TIPS FOR BUILDING A STORM KIT

- 1 Shop BOGOs, pick up extra cans of non-perishables during your normal grocery trips
- 2 Look for items at your local dollar store or find discounts at pharmacy stores like CVS and Walgreens
- 3 Gather important documents, consider creating electronic copies
- 4 Gather items you already have, like can openers, phone chargers, batteries, and keep them accessible





## HURRICANE SEASON IS APPROACHING!

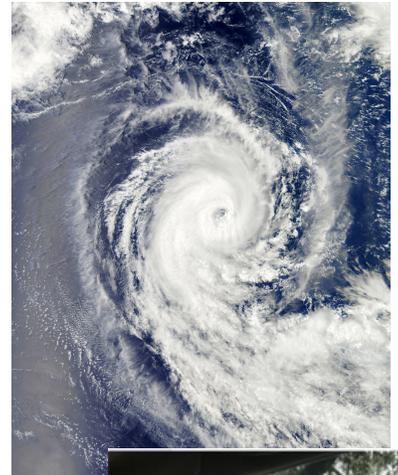
Hurricane season 2022 will be here on June 1st!  
Are you ready?

### IMPORTANT REMINDERS

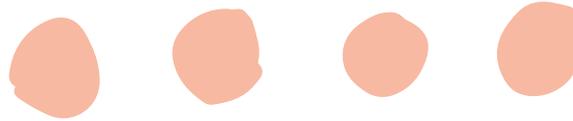
- All evaluation forms must be sent before a storm arrives. We will stop reviewing forms 48 hours before the storm, and we will not be reviewing forms and placing new clients until after the storm.
- Caregivers must accompany clients to the shelter. A caregiver can be a family member or friend that is able to assist the client in the shelter.

If you are a home health agency, our expectation is that routine care is provided at the shelter. While we have staff available to assist, we cannot provide one-on-one or bedside nursing.

- We cannot pre-place or accommodate requests for specific shelters. Shelter openings will not be announced until an evacuation is ordered and will be posted via local media.
- Shelter openings are determined by Emergency Management and is based on predicted severity and path of the storm.
- If you use oxygen, please bring your concentrator.
- Bring your wheelchair or walker, if you use one.
- If you plan on bringing pets, make sure you have supplies for them, to include food, crate, leashes, tags, veterinary paperwork, bowls (see page 5 for more).



# SEASON PROJECTIONS



	20 YEAR AVERAGE	PREDICTED 2021	ACTUAL 2021	PREDICTED 2022
Named Storms	14	17	21	14-21
Hurricanes	7	8	7	6-10
Major Hurricanes	3	4	4	3-6

IT ONLY TAKES ONE. Ensure you have a plan in place!

## WHAT TO BRING TO A SPECIAL NEEDS SHELTER?

What would you take with you on a 3-day trip? Think:

- Change of clothing
- Towels, washcloths, personal hygiene items (soap, toothbrush, adult diapers)
- Blankets, pillows, and other bedding
- Comfort items (books, games, cards)
- Phone and phone charger

Medical supplies you should take to a Special Needs Shelter:

- Medications
- Concentrator, pulse OX, heart monitor, wound care supplies
- Wheelchair / walker
- Supplies for special dietary needs
- D.N.R. paperwork, if applicable

## EVALUATION FORMS

Our evaluation forms are used to place our clients in the most appropriate shelter for their needs.

In order for us to make that determination, we must have a complete and thorough evaluation form.

Common mistakes include:

- Leaving medical problems blank
- Incomplete or missing contact information
- Missing emergency contact/caregiver information

Print Form

**Hillsborough County Health Department Shelter Evaluation Form**  
*(PLEASE PRINT)*

Failure to complete the entire form WILL delay your evaluation!

Last Name		First Name		Mobile Initial	Last 4 digit of SS: XXX-XX
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Height:	Weight:	Date of Birth:	Telephone:	Primary Language:
Street Address:		Lot/Apt #:	City:	Zip Code:	
Living Arrangements: <input type="radio"/> Alone <input type="radio"/> With Relative <input type="radio"/> Other		Mailing Address (if different):		City:	Zip Code:
Local Emergency Contact Name:		Relationship:	Telephone:		
Out of Town Emergency Contact Name:		Relationship:	Telephone:		
Caregiver Name:		Relationship:	Telephone:		
<small>Only immediate family living in household can accompany you to the shelter.</small>					
Primary Doctor's Name:		Home Health Agency:			
Telephone:		Telephone:			
Name your Medical Problems. (bring List of Medications with you to the Shelter)					
Are you under the care of NIOSPACE? <input type="radio"/> Yes <input type="radio"/> No <small>(NIOSPACE patients do NOT need to complete this form. They should contact their NIOSPACE caregiver to arrange for special needs shelter and/or transportation.)</small>					
TRANSPORTATION: Do you need a ride to the shelter? <input type="radio"/> Yes <input type="radio"/> No					
Mobility Assessment: (check all that apply)					
<input type="checkbox"/> Can walk	<input type="checkbox"/> Wheelchair/cooties	<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Suction Pump		
<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Cardiac Monitor		
<input type="checkbox"/> Bedridden	<input type="checkbox"/> Uses lift to get out of bed	<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> CPAP/BIPAP		
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Deaf	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Concentrator		
<input type="checkbox"/> Blind	<input type="checkbox"/> Partially Blind	<input type="checkbox"/> Oxygen	<input type="checkbox"/> No. of hrs. daily	<input type="checkbox"/> Litter Flow	<input type="checkbox"/> Portable Tank
Cognitive Assessment: (check all that apply)					
<input type="checkbox"/> Mental Health Problems	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Dementia			
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Other				
<input type="checkbox"/> Autism	<input type="checkbox"/> Special Care: (check all that apply)				
<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Ostomy			
<input type="checkbox"/> Obsessive Compulsive	<input type="checkbox"/> Catheter	<input type="checkbox"/> Incontinence/Adult Diapers			
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Assistance required with medication?				
<input type="checkbox"/> Depression	<input type="checkbox"/> I need a nurse or caregiver to administer medication				
<input type="checkbox"/> Demencia					
<input type="checkbox"/> Have Trained Service Animal: What kind?	What arrangements have you made for your pet?				
<small>By signing this form I give my authorization for the personal information contained herein to be released to the county health department, emergency management, local fire district, and receiving facilities for the purpose of re-sheltering my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the purposes of F.S. 119.07(3), Public Records Law. The information contained here will be kept confidential.</small>					
Signature of Patient / Guardian			Date Signed		
Returns form to: Hillsborough County Health Department PO Box 5135 Tampa, FL 33675-5135 Or FAX to (813) 276-8688. For more information call (813) 887-5863					

Click on the evaluation form to learn how to register for the shelter!

## SERVICE ANIMALS, EMOTIONAL SUPPORT ANIMALS & PETS

### Service Animals

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A dog or mini horse that has been individually trained to do work or perform tasks for the benefit of an individual with a disability. The work or task performed must be directly related to the handler's disability - American with Disabilities Act (ADA)

- Permitted to enter the Special Needs Shelter with their handler
- Handler is not required to provide documentation or disclose their disability
- The service animal is not required to wear a vest or harness that identifies itself as a service animal
- The handler is solely responsible for the care of their service animal, to include walking, feeding, and cleanup
- The animal must be under control at all times

### Emotional Support Animals

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- Not considered service animals, so they are not protected under ADA
- Must be housed in designated pet area

### Pets

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- Allowed in the shelter, but must be housed in designated pet area
- Owner must bring all supplies - food, crate, bowls, leash, blankets, toys, vet records
- Owner is responsible for the care of their pet, to include feeding, walking, bathroom breaks, play

If you have questions about pet sheltering, call Hillsborough County's Pet Resource Hotline: (813) 744-5660



# SPECIAL NEEDS SHELTER UPDATES

## RECERTIFICATION

We have shifted our recertification process to a quarterly process instead of annually.

What this means for you? This means that all clients will still be required to update their information once per year, but the timing will be different. Our registry will be split into 4 separate recertification timeframes.

You can also recertify via phone at (813) 307-8063.

Keep an eye on your mail, and make sure to keep a current address on file.



## COVID-19 IN SHELTERS

COVID-19 is still active in Hillsborough County, and we anticipate that COVID-19 will remain active throughout hurricane season.

To best protect yourself from both hurricanes and COVID-19, it is important to develop a plan that does not include evacuating to a shelter. The best plan would be to shelter at home if it is safe, or evacuate to a safe location with family or friends.

Shelters will still be available for use in case there is an evacuation. We cannot guarantee a safe distance between others and sheltering in a group setting will increase your risk of COVID-19 exposure.

If you will need to evacuate to a shelter, consider bringing the following supplies to help protect yourself and others:

- Masks
- Hand sanitizer
- Soap
- Tissues



## SHELTERS

Hillsborough County maintains 6 shelters that can be used as Special Needs Shelters.

Keep in mind that shelter openings are announced when an evacuation is ordered. Do not go to a shelter unless it has been opened.

If you choose to evacuate, it is advised that you find a safe place out of the path of the storm.

The shelter should be a last resort option.

If you are interested in finding your flood zone, scan this QR code:



## REQUEST FOR SPEAKING ENGAGEMENTS

If you are a home health agency or nurse registry, we provide in-service training for staff.

We would be happy to provide an in-depth presentation to your agency or organization.

Topics covered include:

- Special Needs Shelters
- How to fill out forms
- Transportation assistance

To set up an in-service, please contact us with the following information:

- Agency Name
- Address
- Point of contact name, phone number, and email address
- Number of attendees (estimated)
- Preferred date and time
- Preferred in-person or virtual

### CONTACT INFORMATION

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**Florida**  
**HEALTH**  
Hillsborough County

**ARE YOU  
STORM  
READY?**

